

## Rich nations should pay more to developing countries

Fiona Fleck *Geneva*

The World Health Organization called this week for more resources to fight HIV/AIDS, tuberculosis, and malaria and to improve maternal and child health in a global push to halve extreme poverty by 2015.

The appeal to wealthy nations came a day after the Harvard economist Jeffrey Sachs delivered a report to the United Nations secretary general, Kofi Annan, entitled *Investing in Development*, about how to salvage efforts to achieve the millennium development goals. Interim reports published in September showed that the world will fall far short of most of the goals to reduce poverty and improve health in developing countries by 2015.

Professor Sachs, who directed the three year UN Millennium Project, made proposals on how to get the goals back on track. Three of the eight development goals (about child mortality; maternal health; and combating HIV/AIDS, malaria, and other diseases) relate directly to health. The others relate indirectly to health, such as eradicating extreme poverty and hunger and ensuring environmental sustainability, which includes providing sanitation and clean water.

In a parallel report on the health related goals, WHO said that investing in proved solutions would turn the tide to achieve the goals. The organisation called on wealthy countries

to increase their development aid, if they have not yet done so, to 0.7% of national income by 2015.

"We have the means to achieve those goals. We have the technology," said Dr Lee Jong-wook, director general of WHO. "What we need are the resources and the political will."

WHO called for a massive scaling-up of existing health programmes and for substantial new investment in the public health infrastructures of the world's poorest countries. It said that more investment was needed in human resources to stem the brain drain of doctors and nurses.

In sub-Saharan Africa, increasing staff shortages are

jeopardising a global effort to deliver antiretroviral treatment to the three million people who need it by the end of 2005. WHO will publish a progress report on this "3 by 5" programme on 26 January.

More resources are needed to strengthen health systems to make it possible to deliver antiretroviral treatment to patients with HIV/AIDS as well as treatment and medicines for tuberculosis and malaria, and to deliver better antenatal care to improve maternal and child health, the global health agency said. □

For further information see [www.who.int/mdg](http://www.who.int/mdg) and [www.unmillenniumproject.org](http://www.unmillenniumproject.org)

## Eli Lilly defends itself against assertions in *BMJ*

Jeanne Lenzer *New York*

The drug company Eli Lilly has launched a campaign to refute assertions about its anti-depressant medicine, fluoxetine (Prozac), made in an article in the *BMJ* (2005;330:7, 1 Jan) about internal company documents sent to the *BMJ* by an anonymous source.

Sydney Taurel, Lilly's chief executive, in an open letter published in the *Wall Street Journal* on 13 January, wrote that the *BMJ* article and the misleading reports about it in other media have "needlessly spread fear among patients who take Prozac."

In response to the suggestion that Lilly might not have reported negative data to the Food and Drug Administration or the medical community, he said: "In reality, all of the medical issues about Prozac raised in the documents had been addressed in

Lilly's data submissions to the US Food and Drug Administration or regulators in other countries, in prestigious scientific journals, or in correspondence with attorneys outside Lilly over the course of more than 10 years."

One of the documents received by the *BMJ* was called "Activation and Sedation in Fluoxetine Clinical Trials," which recorded that 38% of patients taking fluoxetine developed symptoms of activation, such as nervousness and insomnia, compared with 19% of patients taking placebo.

Lilly has posted on their website an annotated analysis of the documents received by the *BMJ*, including the finding from the activation and sedation report. The analysis cites five scientific publications and concludes: "Subsequent analyses on

activation and sedation for multiple specific studies were published in several peer-reviewed journals and were appropriately referenced in annual reports."

Lilly officials maintain that none of the documents sent to the *BMJ* "went missing" during a 1994 product liability suit. In a news release on 4 January 2005 entitled "Lilly affirms: No 'Missing' Prozac documents and no new scientific information," Lilly asserted that its stamp mark placed on the documents sent to the *BMJ* show that the documents were "indisputably made available to plaintiffs' attorneys for use at trial."

Mr Taurel said in his open letter that Lilly had addressed "all the medical issues about Prozac raised in the documents" and that doctors should "trust the medical evidence."

Morry Smulevitz, manager, global product communications, neuroscience, at Lilly said: "Lilly is most concerned about erroneous media reports causing unnecessary and

unwarranted concern among patients and doctors. Lilly was disappointed that a reputable medical journal would make these allegations without first validating the information they had received. Despite repeated requests from Lilly, the *BMJ* refused to share the documents, choosing instead to issue a news article referencing incomplete data and lacking appropriate scientific context.

"Lilly felt it was imperative to take this opportunity to set the record straight for patients who rely on our medicines for their daily well-being. As a result, patients, healthcare providers and media have shared our dismay that the *BMJ* would falsely allege any documents went missing, and, more importantly, publish scientifically inaccurate conclusions regarding the benefits and possible side effects of Prozac."

Dr Kamran Abbasi, acting editor of the *BMJ*, said: "The *BMJ* takes this issue very seriously. We are carefully reviewing Lilly's detailed response." □